



THE BRITISH SIMMENTAL CATTLE SOCIETY LTD OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING NUMBER: _____ HERD PREFIX _____

NAME: _____

ADDRESS: _____

SALE VENUE / DATE: _____

DATE HERD LAST TESTED CLEAR:	TESTING INTERVAL <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 4 Years
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FOR ALL SOCIETY SALES VENDORS MUST BE A MEMBER OF A CH_eCS LICENSED HERD HEALTH SCHEME

PLEASE INDICATE SAC Premium Cattle Health Scheme Hihealth Herdcare NML Herdwise
 Jersey Island Genetics AFBI Cattle Health Scheme Herdsure Advanced Cattle Health Scheme
 Shetland Animal Health Scheme

<u>Herd Health Status</u>	Please complete the following:		
	Accredited free	Herd Testing	Vaccination
BVD	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Male <input type="checkbox"/> Female
IBR	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> Male If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine:
LEPTO	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> Male If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine:
JOHNES	<input type="checkbox"/> Yes <input type="checkbox"/> Monitored <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	
	Risk Level (1-5) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

Compulsory BVD vaccination dates for sale animals:

Male	<input type="text"/>	<input type="text"/>
Female	<input type="text"/>	<input type="text"/>

Vendor Declaration: I certify that the above information is correct as at date of entry. The animal/s has been individually screened for BVD virus (only applicable if not BVD accredited) and I attach a copy of the results. All animals are BVD vaccinated. I allow the breed society/auctioneer to verify the details above with my CH_eCS Health Scheme Provider.

Signed: _____ Name: _____ Date: _____